

# EXHIBIT E-1



990123401012300

May 24, 2021

Prime Clerk  
830 Third Ave, 9<sup>th</sup> Floor  
New York, NY. 10022  
Re: Selenia Rodriguez Rodriguez  
Claim # 87823 - New Phone # - 787-309-9333  
J. Sec. - XXX-XX-4916

RECEIVED  
JUN 15 2021  
PRIME CLERK LLC

Hello,

I am submitting to you the documents you requested on January 23, 2019 and which had to be sent on or before February 23, 2019.

I find it necessary to tell you that when I first received them I did not correctly understand their purpose, as I thought they either referred to or were duplicative of the documents initially sent on June 18, 2018. For this reason, I unwittingly and mistakenly did not submit them to you. I beg you all to please accept my apologies and know that I am profoundly embarrassed for not having acted according to the instructions. I know that the date has expired, and, if possible, I would ask that you please send me documents with an updated date.

Respectfully,

Selenia Rodriguez Rodriguez

[illegible]

L-HR-U

Prime Clerk LLC  
Commonwealth of Puerto Rico Supplementary Information Processing Center  
850 3<sup>rd</sup> Avenue, Suite 412  
Brooklyn, NY 11232  
T: (844) 822-9231  
[PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com)

**\*\*\* Response Required \*\*\***

January 23, 2019

Ref: Proof of claim pursuant to the PROMESA law  
In Commonwealth of Puerto Rico Case No. 17-03283,  
United States District Court for the District of Puerto Rico

Dear Sir/Madam:

THIS LETTER IS RELATED TO A PROOF OF CLAIM THAT YOU SUBMITTED AGAINST THE GOVERNMENT OF PUERTO RICO IN PROCEEDINGS UNDER THE PROMESA LAW.

READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW.

NOT FILING A RESPONSE MAY RESULT IN LEGAL ACTION TO FULLY OR PARTIALLY DEACTIVATE YOUR CLAIM.

Prime Clerk maintains the official record of court claims in cases involving the PROMESA law and is contacting you in order to obtain more important information regarding your claim, registered under claim number 87823. To access your claim, visit Prime Clerk's web site at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Please respond to this letter by returning the attached questionnaire in English or Spanish **on or before February 22, 2019**, and state whether your claim refers to any of the following:

- (i) A legal action pending resolution or resolved with or against the government of Puerto Rico; and/or
- (ii) your current or previous employment with the Commonwealth of Puerto Rico or another part of the Puerto Rican government;

Likewise, complete the attached form and provide the following information:

FOR A LEGAL ACTION:

- Provide information regarding the legal action, which may include the following:
  - the case number;
  - the name and address of the court or agency;
  - the status of the case, for example, if the case is pending resolution, on appeal, or resolved;
  - if you have not filed a legal action, provide notice in writing of your intent to file a claim together with proof of mailing and your attorney's contact information, if available.
- Provide us with the amount of your claim in dollars;
- Provide a copy of a pleading submitted in the case, as well as a complaint or answer; and
- If the case is concluded, state whether you have an unpaid judgment and, if so, provide a copy of the judgment. If you do not have a copy of the judgment, state the date and the amount of the judgment.

FOR CURRENT OR PRIOR EMPLOYMENT:

- State the specific agency or department where you work or worked;
- Provide the specific time period in which you are or were employed in relation to the claim;
- State the amount of your claim in dollars;
- Provide the last four digits of your social security number;
- State whether your claim is related to your pension, unpaid wages, sick leave, labor union complaint, and/or a legal action pending resolution or resolved\*\*; and
- If you have documentation supporting your claim, include those documents in your response.

*\*\*If your case is related to a legal action pending resolution or closed, provide all information and documentation requested in the "FOR A LEGAL ACTION" section above.\*\**

**Respond to this letter on or before February 22, 2019** with the information and documentation requested via email to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com) or by U.S. mail, hand delivery, or overnight mail at:

Commonwealth of Puerto Rico Supplementary Information Processing Center  
c/o Prime Clerk LLC  
850 3<sup>rd</sup> Avenue, Suite 412  
Brooklyn, NY 11232

All supplementary information that you provide will be attached to your claim and will appear in the official claims registry. If you do not respond to this request or provide information and documentation supporting your claim, the debtors may be required to file an objection against your claim.

If you have any questions regarding this letter or your claim, call 844-822-9231 or send an email to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com).

PLEASE BE ADVISED that Prime Clerk LLC is the agent for claims and notices in cases involving the government of Puerto Rico under Title III of the Law on Oversight, Management, and Economic Stability of Puerto Rico. Therefore, we cannot provide legal or financial advice.

Thank you.

Prime Clerk

L-HR-U

Prime Clerk LLC  
(844) 822-9231 [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com)

PROMESA PROOF OF CLAIM NUMBER: **87823**

Claimant's Name: **Rodriguez Rodriguez, Selenia**

**Complete and send this form back on or before February 22, 2019** via email to  
[PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com) or by U.S. mail, hand delivery, or overnight mail to:

Commonwealth of Puerto Rico Supplementary Information Processing Center  
850 3<sup>rd</sup> Avenue, Suite 412  
Brooklyn, NY 11232

All supplementary information you provide will be attached to your claim and will appear in the official claims registry.

**BASIS FOR THE CLAIM:**

- x A legal action pending resolution or resolved with or against the government of Puerto Rico;  
Current or prior employment with the government of Puerto Rico  
Other (describe): \_\_\_\_\_

**FOR A LEGAL ACTION:**

Have you initiated a legal action? (Yes)

If you responded in the affirmative, complete the following sections. If you answered 'No', attach a written notice of your intent to file a claim together with proof of mailing and your lawyer's contact information, if applicable.

State the department or agency that is a party to the action: Department of Family Services – ADSEF

State the name and address of the court or agency where your action is pending: US District Court for the District of Puerto Rico

Case Number: 17-03283

Title, subtitle or name of case: Francisco Beltran Cintron et al.

Status of case (pending, on appeal, or concluded): Pending federal court

Do you have a judgment pending payment? (No) if so, state the date and amount of the judgment: Hearing July 2021

**FOR CURRENT OR PRIOR EMPLOYMENT:**

The specific department or agency where you work or worked: Department of Family Services – ADSEF from October 20, 1987 to June 15, 2015

Specific period in which you are or were employed in relation to the claim: 10/20/1987 to 06/15/2015

Last four digits of your social security number: xxx-xx-4916

Nature of your employment-related claim:

☐ Retirement

☐ Labor union complaint

☒ Unpaid wages

☒ Pending or closed legal action – as to wages

☐ Sick leave

☒ Other. See case and documents re Francisco Beltran  
Cintron et al.

☐ Vacations

The amount of your claim: I don't know. Pending in US Supreme Federal Court. I don't know the total amount.

If you have supporting documentation for your claim, include those documents in your response.

*\*\*If your case is related to a legal action pending resolution or closed, provide all information and documentation requested in the "FOR A LEGAL ACTION" section above.\*\**

FOR OTHER TYPES OF CLAIMS:

Describe the grounds for your claim: N/A

The amount of your claim: N/A

If you have supporting documentation for your claim, include those documents in your response.

**MEMORANDUM**

TO: **ALL PLAINTIFFS IN THE CASE FRANCISCO BELTRAN ET AL. V. DEPTO FAMILIA, ARV and AIJ, CASE No. 2021-01-0345**  
**(prior case no.: (TPI) K AC 2009-0809; TA NO.: KLAN 2015-01434 and (TS) AC 2016-0110)**

FROM: **IVONNE GONZALEZ MORALES, ESQ.**

DATE: **MAY 20, 2021**

SUBJECT: **URGENT – INSTRUCTIONS FOR RESPONDING TO FEDERAL COURT REQUIREMENT SEEKING SUPPORTING DOCUMENTS FOR YOUR WAGE CLAIM – (CONFIDENTIAL)**

We are receiving many calls from people who have received letters from the federal court asking them to provide information and documents to establish their wage claim on or before Wednesday, **May 26, 2021**.

For this reason, and in order to inform and assist you as to where you can locate the documents supporting your wage claim, enclosed **we are including a form that you must fill out and send back to the address indicated prior to the deadline on the letter you received.**

Be sure to include the following with your response: **(1) the letter that they sent to you (two pages) SIGNED IN ADDITION TO PRINTING YOUR NAME ON THE DOCUMENT and (2) answering the 3 questions on the form that we included. That form contains information as to where you can locate the documents requested of you. It also shows the estimated amount of your claim. To calculate your claim amount, you must consider the position you hold, years of service, and the need for the amount to be reasonable.**

We must clarify that the letter received by some plaintiffs refers to the “**PROOF OF CLAIM**” that **you** filed on your own with the federal court in 2018 and which is related to your participation in the case of Francisco Beltran Cintron.

In that case, the plaintiffs sought a salary correction and to be paid the adjusted salary that corresponded to them due to the Department of Family Services, ARV, and AIJ having illegally instituted the federal minimum wage. [NOTE: if you do not remember, you can obtain a copy of the document you filed on the PRIME CLERK PROMESA web site by writing the number of the “designated claim” included on the letter you received.].

**Furthermore, you are informed that if you did not receive the PRIME CLERK letter, do not worry. Soon we will be filing a motion with the federal court under RULE 3018(a) of the Bankruptcy Code. In that pleading, we will request an estimation of the amount that corresponds to each claimant according to their service history in such a manner as to enable you to vote whether to approve or disapprove the proposed financial plan. In that manner, and with the assistance and cooperation of each of you, we will ensure that the Government will not continue unjustly discriminating on the basis of your assigned salaries. We are greater together!**

**IMPORTANT INSTRUCTIONS:**

- 1. THE ATTACHED FORM MUST ONLY BE USED BY PLAINTIFFS IN THE FRANCISCO BELTRAN CINTRON CASE.**
- 2. THE PLAINTIFFS THAT RECEIVED THE LETTER FROM THE FEDERAL COURT MUST ANSWER IT.**
- 3. THE ATTACHED FORM MUST BE SEND TO THE ADDRESS ON THE LETTER THAT YOU RECEIVED FROM THE FEDERAL COURT AND YOU MUST KEEP A COPY FOR YOURSELF.**

**CASE: FRANCISCO BELTRAN CINTRON, et al. v. DEPTO. DE LA FAMILIA, ARV, and AIJ**  
**CASE NUMBER: 2021-01-0345** (previously TPI Case No. K AC 2009-0809).

1. Selenia Rodriguez Rodriguez  
Print your name with both surnames
2. # 87823  
Designated Claim Number (according to the letter you received)
3. I am a plaintiff in the case FRANCISCO BELTRAN-CINTRON, et al. v. Departamento de la Familia, ARV and AIJ. Case: 2021-01-0345 (previously, TPI Case K AC 2009-0809).
4. For documents supporting my claim, please see **CLAIM NO. 179140.**
5. \$ Unknown – From October 20, 1987 to June 15, 2015.  
(estimated amount of my claim)
6. As the Federal Bankruptcy Code guarantees me the right to vote to confirm the fiscal plan because I have a valid wage claim, I request that pursuant to Rule 3018(a) the value of my claim be estimated. It is clear that this requirement is easy to fulfill since during the proceedings in Case K AC 2009-0809 the (DF, ARV and NIJ) conducted audits of positions included in the referenced complaint and they possess all relevant information as to the estimated value of the salaries that were withheld in violation of the law and of my employment contract. This is in accordance with the parameters established in the judgments handed down in the cases *Carmen Socorro Cruz Hernandez et al. v. DF et al.*, case number 1991-0665; *Nilda Agosto et al. v. DF*, case number K PE2005-0608; and *Santiago Declet v. DF*, 153 DPR 208 (2001).  
  
As soon as the provisions of Rule 3018(a) are met and I am notified of the value of my claim, we will submit our proposed stipulation in my case.
7. Since the cause of action filed in my case refers to a wage claim that arises out of the ordinary course of my employment in which local and federal labor statutes were violated, as well as the provisions of my employment contract, my case will be appropriate for “ACR Procedure” treatment and, in that manner, I will be guaranteed due process and equal protection under the law.
8. Please communicate with my attorney for all matters related to my case: Ivonne Gonzalez Morales, Esq., PO Box 902-1828, San Juan, PR 00902-1828. Telephone: 787-410-0119; email: ivonnegm@prw.net



UNITED STATES DISTRICT COURT FOR THE DISTRICT OF PUERTO RICO / TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS PARA EL  
DISTRITO DE PUERTO RICO

Fill in this information to identify the case (Select only one Debtor per claim form). / Llene esta información para identificar el caso (seleccione sólo un deudor por formulario de reclamación).		
<input checked="" type="checkbox"/> Commonwealth of Puerto Rico El Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03283	Petition Date: May 3, 2017
<input type="checkbox"/> Puerto Rico Sales Tax Financing Corporation (COFINA) La Corporación del Fondo de Interés Apremiante de Puerto Rico	Case No. 17-bk-03284	Petition Date: May 5, 2017
<input type="checkbox"/> Puerto Rico Highways and Transportation Authority La Autoridad de Carreteras y Transportación de Puerto Rico	Case No. 17-bk-03567	Petition Date: May 21, 2017
<input type="checkbox"/> Employees Retirement System of the Government of the Commonwealth of Puerto Rico El Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico	Case No. 17-bk-03568	Petition Date: May 21, 2017
<input type="checkbox"/> Puerto Rico Electric Power Authority La Autoridad de Energía Eléctrica de Puerto Rico	Case No. 17-bk-04780	Petition Date: July 2, 2017

2010 JUN 18 A 11:33

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Modified Official Form 410 / Formulario Oficial 410 Modificado

**Proof of Claim / Evidencia de reclamación**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a Title III case. Do not use this form to make a request for payment of an administrative expense, other than a claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9). Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy or subject to confidentiality on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

Lea las instrucciones antes de completar este formulario. Este formulario está diseñado para realizar una reclamación de pago en un caso en virtud del Título III. No utilice este formulario para solicitar el pago de un gasto administrativo que no sea una reclamación que reúna los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b) (9) del U.S.C. Ese tipo de solicitud debe realizarse de conformidad con el Título 11 § 503 del U.S.C.

Quienes presenten la documentación deben omitir o editar información que reúna los requisitos para ser tratada con privacidad o confidencialidad en este formulario o en cualquier otro documento adjunto. Adjunte copias editadas de cualquier otro documento que respalde la reclamación, tales como pagarés, órdenes de compra, facturas, balances detallados de cuentas en funcionamiento, contratos, resoluciones judiciales, hipotecas y acuerdos de garantías. No adjunte documentos originales, ya que es posible que los documentos adjuntos se destruyan luego de analizarlos. En caso de que los documentos no estén disponibles, explique los motivos en un anexo.

Fill in all the information about the claim as of the Petition Date.

Complete toda la información acerca de la reclamación a la fecha en la que se presentó el caso.

**Part 1 / Parte 1 Identify the Claim / Identificar la reclamación**

1. Who is the current creditor?

¿Quién es el acreedor actual?

*Selenia Rodríguez Rodríguez*

Name of the current creditor (the person or entity to be paid for this claim)  
Nombre al acreedor actual (la persona o la entidad a la que se le pagará la reclamación)

Other names the creditor used with the debtor  
Otros nombres que el acreedor usó con el deudor

<p>2. Has this claim been acquired from someone else? ¿Esta reclamación se ha adquirido de otra persona?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. From whom? Sí. ¿De quién? _____</p>
<p>3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) ¿A dónde deberían enviarse las notificaciones al acreedor? Norma federal del procedimiento de quiebra (FRBP, por sus siglas en inglés) 2002(g)</p>	<p>Where should notices to the creditor be sent? ¿A dónde deberían enviarse las notificaciones al acreedor? Where should payments to the creditor be sent? (if different) ¿A dónde deberían enviarse los pagos al acreedor? (En caso de que sea diferente)</p> <p><i>Selenia Rodriguez Rodriguez</i> Name / Nombre <i>P.O. Box 560652</i> Number / Número Street / Calle <i>Guaynilla, P.R. 00656</i> City / Ciudad State / Estado ZIP Code / Código postal <i>787-404-2904</i> Contact phone / Teléfono de contacto <i>selenia.3r@gmail.com</i> Contact email / Correo electrónico de contacto</p>
<p>4. Does this claim amend one already filed? ¿Esta reclamación es una enmienda de otra presentada anteriormente?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) Sí. Número de reclamación en el registro de reclamaciones judiciales (en caso de saberlo) Filed on / Presentada el _____ (MM/DD/YYYY) / (DD/MM/AAAA)</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim? ¿Sabe si alguien más presentó una evidencia de reclamación para esta reclamación?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Who made the earlier filing? Sí. ¿Quién hizo la reclamación anterior? _____</p>

**Part 2 / Parte 2:**

**Give Information About the Claim as of the Petition Date**

**Complete toda la información acerca de la reclamación desde la fecha en la que se presentó el caso.**

<p>6. Do you have a claim against a specific agency or department of the Commonwealth of Puerto Rico? ¿Tiene una reclamación en contra de algún organismo o departamento específico del Estado Libre Asociado de Puerto Rico?</p>	<p><input type="checkbox"/> No / No <input checked="" type="checkbox"/> Yes. Identify the agency or department and contact name. (A list of Commonwealth of Puerto Rico agencies and departments is available at: <a href="https://cases.primclerk.com/puertorico/">https://cases.primclerk.com/puertorico/</a>.) Sí. Identifique el organismo o departamento y nombre del representante. (Una lista de agencias y departamentos del Estado Libre Asociado de Puerto Rico está disponible en: <a href="https://cases.primclerk.com/puertorico/">https://cases.primclerk.com/puertorico/</a>.)</p> <p><i>Department of Family Services</i> <i>- A.DSEF</i></p>
<p>7. Do you supply goods and / or services to the government? ¿Proporciona bienes y / o servicios al gobierno?</p>	<p><input checked="" type="checkbox"/> No / No <input type="checkbox"/> Yes. Provide the additional information set forth below / Sí. Proporcionar la información adicional establecida a continuación:</p> <p>Vendor / Contract Number   Número de proveedor / contrato: <i>Retired</i></p> <p>List any amounts due after the Petition Date (listed above) but before the date of the filing of this claim (mentioned above), but before June 30, 2017 \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Not Retired pensioner Retired disab. by the CW</p> </div>

Modified Official Form 410

Proof of Claim

page 2

<p>8. How much is the claim?</p> <p>¿Cuál es el importe de la reclamación?</p>	<p>\$ <span style="border: 1px solid black; padding: 2px;">Unknown</span></p>	<p>Does this amount include interest or other charges? ¿Este importe incluye intereses u otros cargos?</p> <p><input type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Sí. Adjunte un balance con intereses detallados, honorarios, gastos u otros cargos exigidos por la Norma de Quiebras 3001(c)(2)(A).</p>
<p>9. What is the basis of the claim?</p> <p>¿Cuál es el fundamento de la reclamación?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.</p> <p>Por ejemplo: Venta de bienes, préstamo de dinero, arrendamiento, prestación de servicios, lesiones personales u homicidio culposo, o tarjetas de crédito. Adjunte copias editadas de cualquier documento que respalde la reclamación conforme a lo exigido por la Norma de Quiebras 3001(c). Limite la divulgación de información que requisiitos para ser tratada con privacidad, tal como información si et al.</p> <p>Case : <u>Francisco Beltrán Cintrón</u></p> <p><u>17 BK-3283-LTS</u> - Complaint for damages</p>	
<p>10. Is all or part of the claim secured?</p> <p>¿La reclamación está garantizada de manera total o parcial?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property. Sí. La reclamación está garantizada por un derecho de retención sobre un bien.</p> <p><b>Nature of property / Naturaleza del bien:</b></p> <p><input type="checkbox"/> Motor vehicle / Vehículos</p> <p><input type="checkbox"/> Other. Describe: Otro. Describir: _____</p> <p><b>Basis for perfection / Fundamento de la realización de pasos adicionales:</b> _____</p> <p>Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Adjunte copias editadas de documentos, si los hubiere, que demuestre la realización de pasos adicionales para hacer valer un derecho de garantía (por ejemplo, una hipoteca, un derecho de retención, un certificado de propiedad, una declaración de financiamiento u otro documento que demuestre que se ha presentado o registrado un derecho de retención.</p> <p><b>Value of property / Valor del bien:</b> \$ _____</p> <p><b>Amount of the claim that is secured / Importe de la reclamación que está garantizado:</b> \$ _____</p> <p><b>Amount of the claim that is unsecured / Importe de la reclamación que no está garantizado:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) (La suma del importe garantizado y no garantizado debe coincidir con el importe de la línea 7.)</p> <p><b>Amount necessary to cure any default as of the Petition Date / Importe necesario para compensar toda cesación de pago a la fecha que se presentó el caso :</b> \$ _____</p> <p><b>Annual Interest Rate (on the Petition Date) Tasa de interés anual (cuando se presentó el caso)</b> _____ %</p> <p><input type="checkbox"/> Fixed / Fija</p> <p><input type="checkbox"/> Variable / Variable</p>	
<p>11. Is this claim based on a lease?</p> <p>¿Esta reclamación está basada en un arrendamiento?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the Petition Date. Sí. Importe necesario para compensar toda cesación de pago a partir de la que se presentó el caso \$ _____</p>	

Modified Official Form 410

Proof of Claim

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<p>12. Is this claim subject to a right of setoff?</p> <p>¿La reclamación está sujeta a un derecho de compensación?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Identify the property / Sí. Identifique el bien: _____</p>
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p> <p>¿La reclamación, total o parcial, cumple los requisitos para ser tratada como prioridad administrativa conforme al Título 11 § 503(b)(9) del U.S.C.?</p>	<p><input checked="" type="checkbox"/> No / No</p> <p><input type="checkbox"/> Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the Petition Date in these Title III case(s), in which the goods have been sold to the debtor in the ordinary course of such debtor's business. Attach documentation supporting such claim.</p> <p>Sí. Indique el importe de la reclamación que surge del valor de cualquier bien recibido por el deudor dentro de los 20 días anteriores a la fecha de inicio en estos casos del Título III, en el que los bienes se han vendido al deudor en el transcurso normal de los negocios del deudor. Adjunte la documentación que respalda dicha reclamación.</p>

**Part 3 / Parte 3:**

**Sign Below / Firmar a continuación**

The person completing this proof of claim must sign and date it.  
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

La persona que complete esta evidencia de reclamación debe firmar e indicar la fecha.  
FRBP 9011(b).

Si presenta esta reclamación de manera electrónica, la FRBP 5005(a)(2) autoriza al tribunal a establecer normas locales para especificar qué se considera una firma.

Check the appropriate box / Marque la casilla correspondiente:

- ☒ I am the creditor. / Soy el acreedor.
- ☐ I am the creditor's attorney or authorized agent. / Soy el abogado o agente autorizado del acreedor.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. / Soy el síndico, el deudor o su agente autorizado. Norma de quiebra 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. / Soy el garante, fiador, endosante u otro codeudor. Norma de quiebra 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

Comprendo que una firma autorizada en esta *Evidencia de reclamación* se considera como un reconocimiento de que al calcular el importe de la reclamación, el acreedor le proporcionó al deudor crédito para todo pago recibido para saldar la deuda.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

He leído la información en esta *Evidencia de reclamación* y tengo motivos razonables para suponer que la información es verdadera y correcta.

I declare under penalty of perjury that the foregoing is true and correct. / Declaro bajo pena de perjurio que lo que antecede es verdadero y correcto.

Executed on date / Ejecutado el June 15, 2018 ?  
IM/DD/YYYY) / (DD/MM/AAAA)

Signature / Firma

Print the name of the person who is completing and signing this claim / Escriba en letra de imprenta el nombre de la persona que completa y firma esta reclamación:

Name

First name / Primer nombre

Middle name / Segundo nombre

Last name / Apellido

Title / Cargo

Retired pensioner by the CW- Retired due to disability

Company / Compañía

Identify the corporate servicer as the company if the authorized agent is a servicer.  
Identifique al recaudador corporativo como la compañía si el agente autorizado es un recaudador.

Address / Dirección

Number / Número

Street / Calle

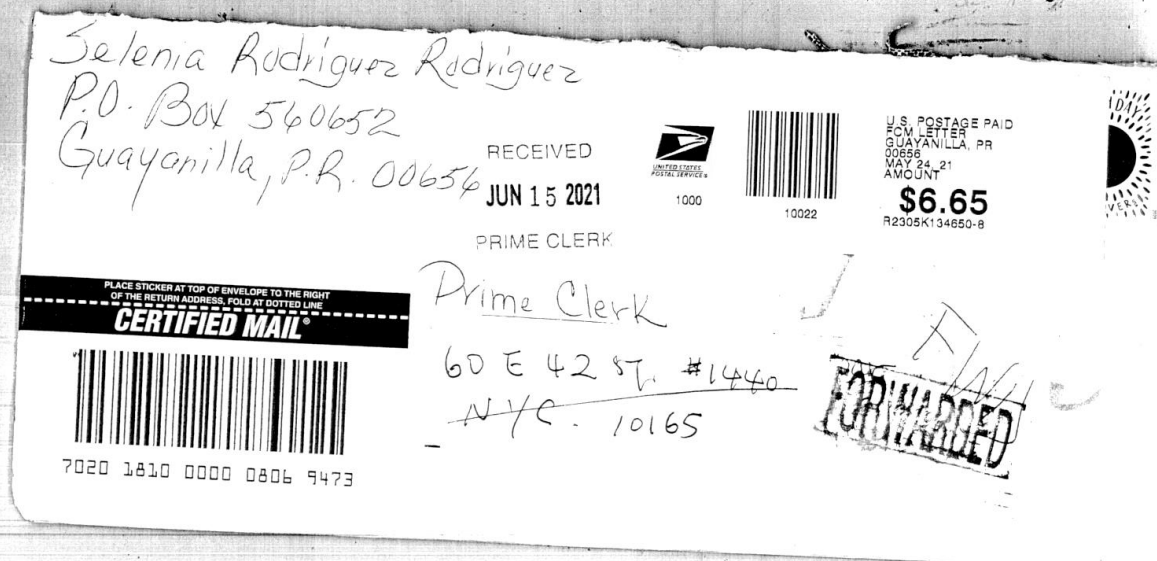
City / Ciudad

State / Estado

ZIP Code / Código postal

Contact phone / Teléfono de contacto

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### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)  
TARGEM Translations Inc.

I, Matthew Bouillon Mascareñas, ATA-certified Spanish-English #505436, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 87823**



Verify at [www.atanet.org/verify](http://www.atanet.org/verify)

Signed this 12th day of August, 2021

A handwritten signature in black ink, appearing to read "MBM", written over a horizontal line.

Matthew Bouillon Mascareñas

